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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

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Practitioner(s) named below (if more than tan petent pracisioners are to be named, then a customer number must be used):    Name					***************************************	***************************************		
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Name Registration Number Registration Regis	OR				***************************************			
as aflorrey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any end all patent applications assigned exist to the undersigned according to the USPTO assignment records or assignment documents statement to a patent and patent applications assigned with Customer Number.    Please change the correspondence address for the application identified in the alliached statement under 37 CFR 3.73(b) to.   The address associated with Customer Number.   95114     Firm or Individual Name   100     Acopy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.    SIGNATURE of Assignee of Record   The individual shows signatury and title is supplied below is authorized to act on behalf of the assignee   Signature   Date 9	Prac	titioner(s) name	d below (if more than ten patent	practitioners are to	be named, then a custon	ner number must be	used);	
any end all patent applications assigned entry to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CPR 3.73(b) fer.  Please change the correspondence address for the application identified in the alliached statement under 37 CPR 3.73(b) fer.  The address associated with Customer Number:  98114  The address associated with Customer Number:  98114  State  Zip  Courtry  Telephone  Email  A copy of this form, together with a statement under 37 CPR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form it used. The statement under 37 CPR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual views signatury and title is supplied below is authorized to act on behalf of the assignee.  SIGNATURE of Assignee of Record  The individual views signatury and title is supplied below is authorized to act on behalf of the assignee.  SIGNATURE of Assignee of Record  The individual views signatury and title is supplied below is authorized to act on behalf of the assignee.  Name  Everett Smith  Telephone  435-796-3614		Name F			Nar	BB		
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	Name	Reserve	Everett Smith			Telephone 435	-786-3614	
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This collection of information is required by 37 CFR 13.1.132 and 1.33. The information is required to obtain or retain a benefit by the public which is to site (and up the USPTO or process) an appreciation. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minuses to complete inclining gainering, preparing and submitting the completed additional from the USPTO. Time will very peeding upon the individual case. Any comments on the amount of time your mouth or complete the form and/or suggestions for resourcing one bottom, should be sent to the Chief information Officer. USP Related with Telechematic OSPTO. The SERVEN OF ONE TERMS TO COMPLETED. FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.